TO FUNERAL DIRECTOR: After this certificate has been signed by the attending prystocian and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	14971	CERTIFICATE	OF DEATH		14273
1.	PLACE OF DEATH			E (Where deceased lived, If institution	m: Residence before admission)
	Kent	MARYLAND	a. STATE Marylan	b. COUNTY Kent	
	b. CITY OR TOWN (If outside corporate limits.	c. LENGTH OF STAY IN 1b		outside corporate limits, write RU	IRAL and give nearest town)
	write RURAL and give nearest town) Chestertown	5 days	Rock Ha	11	17.1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in h		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Kent & Queen Anne's Hosp	ital	None		YES NO
3.	NAME OF FIrst DECEASED	Middle	Lest	4. DATE Month	Day Year
	(Type or print) Edgar	Www Whaples	Bullen	DEATH 10	17 1966
5.	SEX   6. COLOR OR RACE   7. MARRIED				DER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED	DIVORCED	7/19/1888	78 yrs.	hs Days Hours Min.
10	. USUAL OCCUPATION (Give kind of work done   10b. K	IND OF BUSINESS OR		unity & State, or foreign country)   1:	2. CITIZEN OF WHAT
anı	ing most of working life, even if retired)	NDUSTRY		Pennsylvania	COUNTRY? US
13.	FATHER'S NAME		14. MOTHER'S MAID		
	Charles Bullen		Mary S	Short	
15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. es, no, or unknown) (If yes give war or dates of service)	SOCIAL SECURITY NO.   17.	INFORMANT	Address	
(YI		6-16-0518 Hos	spital Recor	de Cheste	ertown, Md.
	18. CAUSE OF DEATH [Enter only one cause per l		72202 10002	01.000	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	0000	7		ONSET AND DEATH
	IMMEDIATE CAUSE (a)	was any conse	pse	-	120000
	Conditions If any which I	The de	do a Thu	- 0-0c-0.	1 6 0
	conditions, if eny, which gave rise to immediate	man array	THE COL	outers out of the	- WHOLESON
	cause (a), stating the DUE TO underlying cause last.	waln't old	werandis	) uparetini	Seveljean
8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	JTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
CAT	O.H.	contributing accid	dent noted-/	Gultrandie In DEF ME	PERFORMED?
E	1 J Y I Address			Injury in Part I or Part II of Iter	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Deller, Course	urdesoponat	tong pullersne	and the
SA.	20c. TIME OF INJURY Month, Day, Year   20d.	NJURY OCCURRED   200, PLAC	E OF INJURY (Home, fa	rm, 20f. (City or town)	(County) (State)
MEDICAL	Hour a.m. While at wor	Not While at work	y, street, office bldg., et	Korle Hall	Kent Md.
	21. I certify that (I) (this hospital) attend	ed the deceased from	10/12 19	9 66, to 10/17 , 1	9_66, that (1) (we) last
	saw the deceased alive on 10/17		death occurred at_	M, from the causes and	on the date stated above.
	22a. SIGNATURE	47.		the state of the s	DATE SIGNED
		Celeria M.D.	ATTENDING PHYS.	MED. STAFF PHYS.	0-17-66
	22c. PHYSICIAN'S NAME (Type) D- A C D4-1		22d. ADDRESS		
	NAME (type) Dr. A. C. Dick		Chestert	own, Maryland	•
23	BURIAL CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town o	
	Cremation 10/20/66	Silverbrook		Wilmington,	
24	FUNERAL DIRECTOR	ADDRESS		C'D BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE
	Marvin V. Williams	hestertown,	PATE C	T 2 4 1966 RClu	arles Judge.

Relieve last Pet

10-17-66

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7 3

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23a.

C. DICK

DATE THEREOF

10/4/66

A.

23b.

BURIAL, CREMATION, REMOVAL (Specify) BURIAL FUNERAL DIRECTOR

	DIVISION OF STATISTICAL RESEARCH AND RECORD		1, MARYLAND
	14275 CERTIFICAT	TE OF DEATH 1	4974
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution a. STATE b. COUNTY	tion: Residence before admission)
	KENT MARYLAND	MARYLAND c. CITY OR TOWN (If outside corporate limits, write	KENT
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write	RURAL and give nearest town)
	CHESTERTOWN 7 hrs 15 min		14 -1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	KENT-QUEEN ANNES HOSPITAL	200 MAPLE AVENUE	YES NO W
3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Yeer
	(Type or print) HENRY HURLOCK	EVANS DEATH 10	1 1966
5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF)	INDER 1 YEAR IF UNDER 24 HRS.
	M WIDOWED X DIVORCED	3/21/1883   last birthday)   Mo	onths Days Hours Min.
102	a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR ring most of working life, even if retired) INDUSTRY	13. BIRTHPLACE (County & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
uuı	RETIRED OWNET FARMER	QUEEN ANNES CO. MARYLAND	AMERICA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	JOHN H. EVANS	SALLIE ROLPH (Sa	arah)
15	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17	. INFORMANT Address	
(Y)	es, no, or unkown) ((flyes give war or dates of service) 218-20-4502	HOSPITAL RECORDS CHESTERI	OWN, MD
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	our or abelomial acrta	10 hours
	451X DUE TO - 0	8	
	Conditions, if any, which )		years
	gave rise to immediate cause (a), stating the DUE TO		
	underlying cause last. (c)		
SATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of Injury In Part I or Part II of It	
MEDICAL		LACE OF INJURY (Home, farm, 20f. (City or town) tory, street, office bidg., etc.)	(County) (State)
	21. I certify that (I) (this hospital) attended the deceased from		19.66, that (I) (we) last
		at death occurred at 112 p.M. from the causes and	
	22a. SIGNATURE	ATTENDING MED STAFF 2	2b. DATE SIGNED
	22c. PHYSICIAN'S	ATTENDING MED. STAFF  1.D. PHYS. DIRECTOR PHYS.	10-1-66

NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

Chestertown, Md.

CHESTERTOWN.

REC'D BY REGISTRAR

DATE

MARYLAND

Md.

25b. REGISTRAR'S SIGNATURE

(State)

LOCATION (City, town or county)

Baltimore,

1966

- 1.55.1 Beer hand manyon of stranger and administra 7-8 acial - 1-66

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 14276 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Kent Maryland Kent. MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town). 53 days Chestertown Chestertown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS The Kent & Queen Anne's Hospital. Ind. 213 Mt. Vernon Sve YES NO X 3. NAME OF Lost 4. DATE Month Year DECEASED Nina Elizabeth (Type or pnnt) Fisher DEATH 10 19 66 S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours 2/29/04 Female White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired INDUSTRY COUNTRY? Sales (Part Time Cecil Co., Maryland
14. MOTHER'S MAIDEN NAME Retail Sales 13. FATHER'S NAME Henry H. Founds Sarah Bell McMullen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [If yes give wor or dates of service] Hospital Records Chestertown, Md. 218-20-7816 No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DHE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work of work 21. I certify that (1) (this haspital) attended the deceased fram 8-30 1%5, ta/0-22, 1966, that (1) (we) last saw the deceased alive an 10-22-66 1966, and that death accurred at M. fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. Chestertown, Md. 22c. PHYSICIAN'S A. C. Dick NAME (Type) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Aiken - Cecil Co. Md. 10/24/66 St. Marks Cem. 2So. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death cian and campletely filled in by the fur gase remove carbon papers. Pages I and in any event, within 72 haurs after eose physician affending permit. OL. signed by the burial-transit FO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. prior to l the has been OIS be detached for use State Dept. of Health this certificate h detached far us TO FUNERAL DIRECTOR: After director, page 3 shauld shauld be filed with the

100 CV and 2

funeral

VR A15 (4) 20 M 1/66

Chestertown, Md.

25b. REGISTRAR'S SIGNATURE

1966 Meliantes

THE MAIN AND THE PARTY OF THE P 14875 A\$801 " vermoning's passitely no. 18 t. " man av. 25 72 Mena16 integral of the second of the last of the second of the se election of the latest the second of the latest ather recurrence of lains 00EL - 10.22-66

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay extenses any please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with forms 1M3. Page 5 may be retained for your files. Department after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours is MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14277 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 14276

1.	PLACE OF DEATH a. COUNTY  Ket/K / Kent  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE D. C
	b. CITY OR TOWN (if outside corporate limits, ) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
F	Rock Hall (rural) 1-2 days	Washington 47.3
3	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS P. STREET, N. W., O. IS RESIDENCE ON A FARM?  YES NOK
3.		rdin Jr.   4. DATE   Month   Day   Year   October 31   1966
5. M	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH OCT. 28, 1902  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.   Which   Min.   Min.   Min.   Min.   Months   Days   Hours   Min.   Months   Days   Min.   Months   Months   Days   Min.   Months   Months
Phy	a. USUAL OCCUPATION (Give kind of work done line). KIND OF BUSINESS OR line goost of working life, even if retired   MEDICINE	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  COUNTRY?  (), S. A.
13.	B. LAURISTON HARDIN, SR.	ROSALIE TAYLOR SCOTT
15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT ROAS H. HARDIN-3028 P. ST., N.W., WASH, D.R.
	976 X DUE TO Estimated to	of left chest Instantaneous have occurredprior to 12:00 noon
	cause (a), stating the underlying cause last.	g geese. Did not appear for lunch. friend about 5:00 PM. Pronounced de
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NOZE
CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING Probably selficause of Death.	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor work 10/31 19 66 While work at work 10 nr	CE OF INJURY (Home, farm, pty, street, office bidg., etc.) home at RockHall Kent Md.
	21. I certify that I took charge of the remains described above, he	ld an Autopsy, Inspection K, Inquiry, and in my opinion
	death resulted from: Natural causes, Accident, Su	icide? HomicIde , Undetermined manner
	ACTUAL Returner Relective Four	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
2	EXAMINER'S Robert W. Farr	DEPUTY MEDICAL EXAMINER  Address (Street, city, town, or county)  Address (Street, city, town, or county)
238	CREMOVAL (Specify) 11/1/66 CEDAR HIL	OR CREMATORY 23d. LOCATION (City, town or county) (State)  L CREM. SUITLAND, MD,
24	ADDRESS ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
M	DOS. GAWLER'S JONS, WASHINGTON,	D.C. TORREY 7 1956 guartes guart

VR A15ME 3500 4-64

	14278	AAE						18 Reg. Dist. N	. 1427
) 1.	PLACE OF DEATH	K Kent		MARYLAND					
	b. CITY OR TOWN (I	founide corporate limits, write b Btertown	RURAL	c. LENGTH OF STAY IN 16	11	•		RURAL and give I	nearest town)
7					17	RESS			e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	Hester	si	Middle Louise	K11so	1 4. DATE OF DEATH			Year 19 66
5.	Female	6. COLOR OR RACE				1906	9. AGE (In years last hirthday) 59 yrs.	Months Days	Hours Min.
10	during most of working most of working most of working most of working	ON (Give kind of work of life, even if retired)	done 10b. Ki	ND OF BUSINESS OR INDUS			country)	12. CITIZEN C	F WHAT COUNTR
13		rter Jace	bs		14. MOTHER'S MAI		Cennedy		
						lsen	Address Sudlers v		d. RFD
		TH WAS CAUSED BY	Exter	or (o), (b), and (c).) isive 3rd de	gree bur	ns 95%	of body	INTE ONS	RVAL BETWEEN ET AND DEATH TOTS
	916 0 Conditions, if a	DUE TO	Stor	-	•		_	1	ormed
		underlying DUE TO	becau	se of edema	& fluid	in re			
CATION	PART II. OTH						SE CONDITION GIV	EN IN PART I(o)	19. WAS AUTOPSY PERFORMEDS YES NO
L CERTIFI	200. EXTERNAL CAL PRIMARY SI OF COL CAUSE OF DEATH.	USE WAS NTRIBUTING [20]	300		inter nature of injury	in Port I or Port I	of item 18.)		
MEDICA	And the second second		While	_ Not while 32 foot	CE OF INJURY (Home ory, street, office bidg LOME	, form, 20f. (Cit		(County)	al Md.
									, and find the
	ACTUAL SIGNATURE	Rheute	ne	-	A.D. CHIEF MEDIC	CAL EXAMINER			DATE SIGNED
	NAME (Type)								10/3/66
	Burial	Oct. 4	F	Burrisville					(Stote)
23.	desar of	ssignature,	) ch	appress urch Hill,	Ma.	OPT	000	STRAP'S SIGNATU	RE Judge
	3. 15. 10. NOLUM VEDICAL CERTIFICATION NOTICE NOTIC	D. CITY OR TOWN IT.  b. CITY OR TOWN IT.  c. COUNTY IX.  b. CITY OR TOWN IT.  d. NAME OF HOSPIT ID.  d. NAME OF HOSPIT IT.  3. NAME OF DECEASED (Type or print)  5. SEX  FORE 10  100. USUAL OCCUPATING IT.  during most of working most of wo	1. PLACE OF DEATH  o. COUNTY THEK KENT  b. CITY OR TOWN (if ounside corporate limits, write and give negret lown)  d. NAME OF HOSPITAL OR INSTITUTION (If the ster and Queen and give negret lown)  3. NAME OF DECEASED (If year or print)  5. SEX  6. COLOR OR RACE  Female Celered  100. USUAL OCCUPATION (Give kind of work aduring most of working life, even if refired)  TOUSEWITE  13. FATHER'S NAME  KAPTER Jaco  15. WAS DECEASED EVER IN U. S. ARMED FO (Yes. no. or unknown)  18. CAUSE OF DEATH [Enter only one courpant to immediate cause (o) part I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  PART II. OTHER SIGNIFICANT CON  TOUSEWITE TO CONTRIBUTING DUE TO CAUSE OF DEATH.  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DUE TO CAUSE OF DEATH.  21. I certify that I took charge death resulted from: Natural and CAUSE WAS PRIMARY OF CONTRIBUTING DUE TO CAUSE OF DEATH.  22. I certify that I took charge death resulted from: Natural and CAUSE WAS PRIMARY OF CONTRIBUTION DOY. Yes also and the contribution of the course of DEATH.  22. SURIAL CREMATION, 22b. DATE THEREO REMOVAL (Specify) DUT 18.1 OCt. 4  23. EUNERAL DIRECTOR'S SIGNATURE;	1. PLACE OF DEATH O. COUNTY TIXEX KENT  b. CITY OR TOWN (if outside corporate limits, write RURAL and give negret form) CINESTEPTOWN  d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp Kent and Queen Anne  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE FIRST  6. COLOR OR RACE FIRST  100. USUAL OCCUPATION (Give kind of work done 10b. Kind of work done	MEDICAL EXAMINER?    MACE OF DEATH   O. COUNTY THE K Kent	MEDICAL EXAMINER'S CERTIFIC  1. PLACE OF DEATH	MEDICAL EXAMINER'S CERTIFICATE OF  1. PLACE OF DEATH O. COUNTY THANK Went    D. CITY OF TOWN If owide corporate famili, with RURAL   D. CITY OF TOWN If owide corporate famili, with RURAL   D. CITY OF TOWN If owide corporate famili, with RURAL   D. CITY OF TOWN If owide corporate famili, with RURAL   D. CITY OF TOWN If owide corporate famili, with RURAL   D. CITY OF TOWN If owide corporate famili, with RURAL   D. CITY OF TOWN If owide corporate famili, with RURAL   D. CITY OF TOWN If owide corporate famili, with RURAL   D. CITY OF TOWN If owide corporate famili, with RURAL   D. CITY OF TOWN If owide corporate famili, with RURAL   D. CITY OF TOWN If owide corporate familia representation of the corporate familia representation representation representation r	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived. H! Institution of COUNTY TAKE  B. CITY OR TOWN II conside expects livin, with SURAL c. (ENGTH OF STAY IN 1b or	PLACE OF DRAIM   1. PLACE OF DRAIM   2. COUNTY TAXE   Kent

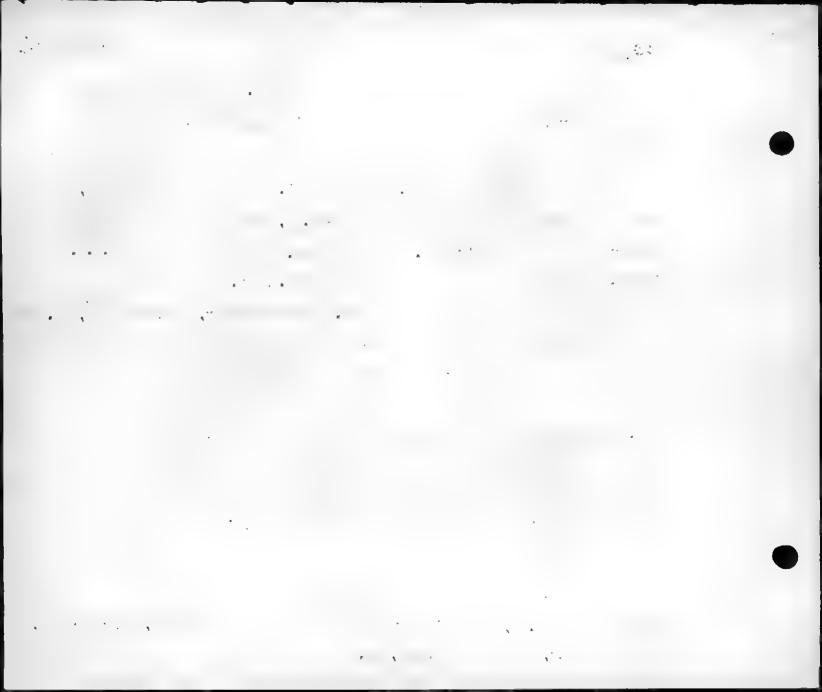
THE PARTY OF THE P Last Table 1 (1) I receive the management of the contract of t and the second of the second of the second -1.10- self-total and dec. Settlers continue Builty There is the demanded below the term of the property and the paper of the paper. the second secon and the second second second second second The state of the s the same of the sa Carlotte Planet Process 10 to 10 to

DETTER BUSINESS FORMS, INC., BALTIMORE, MD. 2120

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14279

1. PLACE DF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
8. COUNTY  Kent  MARYI AND	a. STATE Md. b. COUNTY Kent						
b. CITY DR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1							
write RURAL and give nearest town)							
Rural Kennedyville  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	Rural Kennedyville  d. STREET ADDRESS  e. IS RESIDENCE						
d. NAME OF ROSETIAL OR INSTITUTION (IT HOL IN HOSPILA), give street address	DN A FARM?						
	YES X NO						
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year						
(Type or print) RALPH E.	MILLER. DEATH October 9. 19 66						
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Hours   Min.						
Male White WIDOWED DIVORCED	Sept. 2,1897 69 yrs. Months Days Hours Min.						
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS DR	1 II. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT						
during most of working life, even if retired) INDUSTRY	Md COUNTRY?						
Farmer Farming.  13. FATHER'S NAME	Md. U.S.A.						
Charles Miller							
	Mary E. Meir.  7. INFORMANT Address Page 2						
(Yes, no, or unkown) (If yes give war or dates of service)	Rulal						
	rs.Elizabeth Miller, Kennedyville, Md.21645						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: Probably Myocordiol Inforction USET AND DEATH							
T DUE TO Achora /-	La March Diesa						
Cenditions, If any, which (b)	votic Heart Disease						
gave rise to immediate	A 1 1 - P 1 1						
underlying cause last(c) (DRR: VV. PARA	2, ATTENDING PHYSICIAN, OUT OF TOWN)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT R	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY						
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R  Previous Myocordical Information —  2020 Accident was underlying [] 206. DESCRIBE HOW INJURY OF THE BUT NOT IN THE BU	Dichetes Mellitus PERFORMED?						
20a. ACCIDENT WAS UNDERLYING []   20b. DESCRIBE HOW INJURY OF	CURRED. (Enter nature of injury in Part I or Part II of Item 18.)						
200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW INJURY OF OR CONTRIBUTING   CAUSE OF DEATH   (If EITHER, NOTIFY MEDICAL EXAMINER)							
	PLACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)						
Hour a.m. While - Not while - fa	ctory, street, office bldg., etc.)						
21. I certify that (V) (this hospital) attended the deceased from	1957, to OCT, 1966, that (1) (we) last						
	hat death occurred at 5 M, from the causes and on the date stated above.						
22a. SIGNATURE	ATTENDING MED. STAFF FA 10-11-66						
	M.D. PHYS. DIRECTOR PHYS.						
22c. PHYSICIAN'S O. 5 GULBRANDSE	J. M.D. CHESTERTOWN, M.D.						
70.03.00.00.00.00.00.00.00.00.00.00.00.00	My. CHOSTORIOWN, NO.						
23a. BURIAL, CREMAT.ON, 23b. DATE THEREDF 23c. NAME OF CEMETI							
Burlai   Oct. 13, 1966   Chester Cem	ctery Chestertown, Kent Co; Md.						
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
Edward Fellows, Millington, Md.	DATE OCT 13 1966						

TO HOSTITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be erecuted within 24 hours after Teath. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attention by bysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 20M 1/65



PLACE OF DEATH

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

	n. race of Death o. county Kent County, Maryland Maryland						2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)  o. STATE Maryland b. COUNTYKent						
ľ	b. CITY OR TOWN (IF	outside carparate limits.	write BURAL	c. LENGTI	H OF STAY IN 15	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
ı	Chestert	own Mary	<b>land</b>	Life	etime	Chestertown, Maryland							
ı	d. NAME OF HOSPITA	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)										e, IS R	ESIDENCE
1	At Home					345 0	lal ve	rt. Si	treet				A FARMA
ř	3. NAME OF		First		Middle								eor
	(1) pe or print)	Thomas				chards	son	OF DEATH	10		26	1	<b>6</b> 6
	s. sex Male	6. COLOR OR RAC	a di	RRIED 🔲 NEVI WED 🖪 :	DATE OF BIRTIST $\frac{3}{3}$	н _4		9. AGE (In years lest birthday) 52 yrs.	Months	Days	Hours ,	ER 24 HRS. Min.	
ı	10o. USUAL OCCUPATIO	N Give kind of wo	rk done 10	b. KIND OF BU	SINESS OR INDUST	RY 11. BIRTHPL	ACE (Stote o	or foreign c	ountry)	12. CIT	IZEN OF	WHAT	COUNTRY?
. 1	Shoe Rep	g life, even it fetire Ai.T	6)	Shop		Mary	land	· ·		I	J.S.	A.	
	3. FATHER'S NAME					14. MOTHER'S		AME		· · · · · · · · · · · · · · · · · · ·			
	John 1	Richards	on			Geor	rgean	na Co	otton				
ı	15. WAS DECEASED EVE			16. SOCIAL SEC	URITY NO. 17. W	1	()		Address	R.	.F. I	) .	
1	No	(If yes, give war or date:	or service)	212-16	5-1266 N	Irs.Mar	CV Co	oper	Chest	ertov	wn.	Md.	
	Canditions, if an gove rise to immed	18. CAUSE OF DEATH [Enter only one cause per line for [0], (b), and (c).]  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  PROBABLY Congestive heart failure  INTERVAL RETWEEN ONSET AND DEATH ONSET AND DEATH  Conditions, if any, which gove rise to immediate cause (a), stoting the underlying couse last.  DUE TO  Teen by Driversell Burkett 10/20/66											
	PART II. OTH  20d. EXTERNAL CAU  PRIMARY Or CON CAUSE OF DEATH.	ER SIGNIFICANT CO	PHOITIGH	CONTRIBUTING	G TO DEATH BUT N	OT RELATED TO	THE TERMIN	NAL DISEASI	E CONDITION GIV	VEN IN PAR		PERFO	AUTOPSY PRMED? NO D
	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day,	W	d. INJURY OCC hile Not work of w	while facto	E OF INJURY (	Home, form, bldg., etc.)	20f. (City	or town)	(Co	unty)		(Stote)
1	21. I certify that 1,150 charge of the remains described above, held an Autopsy . Inspection V, Inquiry ., and find that												
1	death resulted	from! / Nature	al causes	V. Accid	dent 🔲, Suid	cide 🔲, H	lomicide	☐, Ui	ndetermined o	cause 🗀	].		
	ACTUAL SIGNATURE EXAMINER'S NAME (Typo)	9/1-	ran Gult	randse	en M.D.4	all.	MEDICAL EXA INT MEDICA MEDICAL E	L EXAMINE	D ahaa	<b>t</b> erto	own,	hates	SIGNED
	220 BURIAL CREMATION BUTTAL	10/29			OF CEMETERY OR				TION (City, town,		Till out	(Stote	a)
-	DULT I OUT	1	1900	ADDRE	ary Meth	odist			Cheste				
	3 uneth	Woller	C		ctown, Mid		DATE N	OV 2	1966	gelia	MAJURI		lge.

VS. A15ME(5) 5M 9/55



TO FUNERAL DIRECTOR: After this certificate has been signed by the "themding physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HERPITAL ON ATTENDING FRYEICIAM The law requires that the coatificate be executed within Page 4 may be retained by the hospital on attending physician.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14281 CERTIFICATE OF DEATH

Kine Kent St.    Kent St.   Kent	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Kine Kent St.  d. STREET ADDRESS Kent St.  s. IS ON YES [  3. NAME OF DECEASED (Type or print)  Lulu E. Startt  female  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH White WIDOWED XX DIVORCED 8/19/1885  g. IS ON YES [  4. DATE MONTH DAY DEATH 10/4/66  9. AGE (in years lif under 1 year lift under 1 year) last birthday) 81 yrs.	arest town)
Kne Kent St.    Kent St.   Kent S	
Kent St.   YES	RESIDENCE A FARM?
DECEASED (Type or print)  Lulu E. Startt  5. SEX female  6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years lefunder 1 year lift under 1 year	] WE
WILLE WIDOWED XX DIVORCED 8/19/1885 81 yrs. Months Days Ho	Year 19
10a. USUAL OCCUPATION (Give kind of workdone during most of working life even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11. BIRTHPLACE (County & State, or fereign country)  12. CITIZEN OF W Kent Co. Md.	HAT
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Emory Crouch Mary E. Neal	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT SON Address (Yes, no, or unknown) (If yes give war or dates of service)	
no 217 54 5316 Charles Startt Chestertown, Me	d.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	BETWEEN ND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	NU DEATH
DUE TO COLLADO	0.0
Cenditions, If any, which (b) Cardial Thrombres 3 kg	when
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	Jean
PER	HUTOPSY FORMED?
YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	NO 4
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  While at work at work at work	(State)
Hour a.m. While Not While at work at work	
21. I certify that (I) (this hospital) attended the deceased from 8 15 , 1966, to 10-4 , 1966, that (I	(we) last
saw the deceased alive on 10-3 1966, and that death occurred at 4M, from the causes and on the date sta	ted above.
22a. SIGNATURE 22b. DATE SIGNED	
ATTENDING MED. STAFF PHYS.   10/4/6	5
A. C. Dick    Abdress   Chestertown, Md.	
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
Burial 10/6/66 Chester Cemetery Chestertown, Md.	
24. FUNERAL DIRECTOR ADDRESS 258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR	
Hestertown, Md. DATE OCT 7' 1966 golowles Ju	de

VR AI5 (4) 20M 1/65 24 hours after death. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please throwe carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and land event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4282 CERTIFICATE OF DEATH 14281

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)							
KENT MARYLAND	a. STATE MARYLAND b. COUNTY KENT							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
CHESTERTOWN 25 DAYS	CHESTERTOWN							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 1 a. IS RESIDENCE							
KENT-QUEEN ANNES HOSPITAL	Lankford Yes 2 No							
3. NAME DF First Middle DECEASED WALLED	Last   4. DATE Month Oay Year							
(Type or print) WALLER LEE WALL	BERT   0F   10   15 1966							
7. MARKIED [7] HEYER MARKIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1YEAR IFUNDER 24 HRS.   Solution   Solution							
Male White WIDOWED DIVORCED	0=20=1094 72 yrs.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  FARMER	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?  QUEEN ANNES CO. MARYLAND AMERICA							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
THEODORE LANDON WALBERT	JOSEPHINE REBECCA JOLLY							
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. (Yes, no, or unknown)   (If yes give war or dates of service)	INFORMANT Address							
NO CITY STATE WAT OF DATES OF SECTICE) 214-32-1568	OSPITAL RECORDS CHESTERTOWN, MD.							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	2							
DUE TO O	J Weeks							
Conditions, If any, which (b) (c) over hard	1.13							
gave rise to immediate (								
cause (a), stating the OUE TO underlying cause last.								
	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)   19. WAS AUTOPSY							
ITE	PERFORMED? YES NO V							
20a, ACCIDENT WAS UNDERLYING     20b. OESCRIBE HOW INJURY OCCU	JRREO, (Enter nature of injury in Part I or Part II of Item 18.)							
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
Santa	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)							
Hour s.m. While Not While p.m. 19 at work at work	ty, street, onice plag, etc./							
21. I certify that (I) (this hospital) attended the deceased from	9/20 , 1966 to 10/15 , 19 66 , that (I) (we) last							
	t death occurred at 5 : 15M, from the causes and on the date stated above.							
22a. SIGNATURE	22b. DATE SIGNED							
( / Leifi M.C	D. ATTENDING MED. MED. STAFF DIRECTOR PHYS. D							
22c. PHYSICIAN'S	22d. ADDRESS							
NAME (Type) DR. A. T. KEEFE	CHESTERTOWN, MARYLAND							
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS	OR CREMATORY   23d. LOCATION (City, town or county) (State)							
Burial 10/17/66 Chester Co	metery Chestertown, Md.							
24. FUNERAL DIRECTOR ADDRESS	25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
Manny V. Wellecim Chrefutini	and DATE OCT 24 1986 Pcharles Judge							



1 (M)

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
14283 CERTIFICATE OF DEATH

13500	OLK III IOATI	L OF DEATH		はりとジ
PLACE OF DEATH     a. COUNTY	1	2. USUAL RESIDENCE	E (Where deceased lived, If institut	tion: Résidence before admission)
Kent	MARYLANO	a. STATE MC	b. COUNTY	Kent.
	LENGTH OF STAY IN 16		outside corporate limits, write F	
write RURAL and give nearest town) Rural Millington			lington	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	ital give street address)	d. STREET ADDRESS	TINGLOR	l B. IS RESIDENCE
assume as the second second to the training	itali, givo street addi caaj	G. GINCEI ADDRESS		ON A FARM?
Prince Administration of the Control		<u> </u>		YES A ND
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Oay Year
(Type or print) JULIA		WALLACE.	DEATH October	22, 19 66
5. SEX 6. COLOR OR RACE 7. MARRIEO	NEVER MARRIED 8	B. OATE OF BIRTH	9. AGE (In years LIFU last birthday) Moi	INDER I YEAR IF UNDER 24 HRS. Days Hours Min.
Female White WIDOWED	DIVORCEO [ ]	March 21,188	38 78 yrs.	nois Days Hours mine
	D DF BUSINESS OR USTRY	11. BIRTHPLACE (Co	unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework Home	Jan	Millington.	Md.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAID		0000.10
Joseph H. Moffett		Araminta	Gordon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SO	CIAL SECURITY NO.   17.	INFORMANT	Address	
(Yes, no, or unkown) (If yes give war or dates of service)	-16-7610 He:	rman Wallace	e. Millingto	n, Md.21651
18. CAUSE OF DEATH [Enter only one cause per line				I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	P L	26:		DNSET AND DEATH
IMMEDIATE CAUSE (a)	phocyone s	Laure a	<u> </u>	30 months
2040 DUE TO				
Conditions, if any, which gave rise to immediate (b)				
cause (a), stating the OUE TD				
underlying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS  202. ACCIDENT WAS UNDERLYING TO 20b. DES  DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NG TO DEATH BUT NOT RELAT	TEO TO THE TERMINAL O	ISEASE CONDITION GIVEN IN PAR	T1(a) 19. WAS AUTDPSY PERFORMED?
712				YES NO 4
20a, ACCIDENT WAS UNDERLYING 20b. DES DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUI	RRED. (Enter nature of	injury in Part I or Part II of Ite	em 18.)
3 20c. TIME OF INJURY Month, Day, Year   20d. INJU	JRY OCCURRED   20e. PLAC	E OF INJURY (Home, fa	rm, 20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour a.m. While at work at work	Not While 18ctor	ry, street, office bldg., et	(C.)	
21. I certify that (I) (this hospital) attended		contra la 10	11 10/0-22	1066 that (1) (wa) last
saw the deceased alive on 10 -/4	10 co and that	don'th convered at	M, from the causes and	on the data stated shows
22a. SIGNATURE	, and that			b. OATE SIGNED
	O'ANS June	ATTENOING A	MEO. STAFF	10-24-66
22c. PHYSICIAN'S	(IL) ECKM.O.	22d. AODRESS	DIRECTOR PHYS. 1	0 -1-66
NAME (Type) A.C.Dick. M.D.		Chesterto	own, Md. 21620	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 1	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county) (State)
REMOVAL (Specify)	Galena Cemete			t Co; Md.
24. FUNERAL DIRECTOR	AODRESS			TRAR'S SIGNATURE
Edward Fellows, Mill	ington, Md. 2			Melinela Onda

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the afterling physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, of removal, and in any event, within 72 hours after death.

VR A15 (4) 20M 1/65

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## MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 14283 14284

1. PLACE OF DEATH a. COUNTY			2.	USUAL RESIDENCE a. STATE	E (Where decease	d lived, If Institu b. COUNTY		before admission)
Ken	t	MARYI	AND	Maryl	and	B. 0001111	Kent	
b. CITY OR TOW	N (If outside corporate lin and give nearest town)	o. LENGTH OF STAY	IN 1b C.	CITY OR TOWN (IF		te limits, write	RURAL and glv	e nearest town)
Cheste		29 Hour	rs	Millingt STREET ADDRESS	ton		1	4.1
d. NAME OF HOS	PITAL OR INSTITUTION (IF	not in hospital, give street a	dress) d.	STREET ADDRESS			0	ON A FARM?
	nt & Queen An	ne's Hospital,	Inc	Box 325A				ES NO
3. NAME OF DECEASED	First	Middle		Last	4. DATE	Month	Day	Year
(Type or print)	Raymond	Reeder		Wise	DEATH	10	18	19 66
5. SEX	6. COLOR OR RACE 7. N	ARRIED NEVER MARRIED	8. [	ATE OF BIRTH	9. AG			IF UNDER 24 HRS.
Male	White w	IDOWED DIVORCED	4.25.1	9-16-1899	)   6	7 yrs.	onths Days	Hours Min.
10a, USUAL OCCUPAT	10N (Give kind of work done ing life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	1	L BIRTHPLACE (Co	ounty & State, or i	oreign country)	12. CITIZEN C	OF WHAT
	ing/Retired	Woodworking		Lancaster	Co., Per	na.	U.S.	
13. FATHER'S NAM	E		14	MOTHER'S MAIO	EN NAME	11.00		
Walter	W. Wise			Mamie Br	2010212			
15. WAS DECEASED	EVER IN U.S. ARMED FORCES	3?   16. SOCIAL SECURITY NO	.   17.   INF		OWIT	Address		
(Yes, no, or unkown)	(If yes give war or dates of servi	ice)						
No		207-01-5236 use per line for (a), (b), and (c		spital Rec	cords	Ches	tertown	Md.
Conditions, if gave rise to cause (a), si underlying caus	tating the DUE TO	Chomic u	Joea	dets			*	eaus
JCATI		ONTRIBUTING TO DEATH BUTN	OTRELATED	TO THE TERMINAL I	DISEASE CONDITI	ON GIVEN IN PA		WAS AUTOPSY PERFORMED?
	WAS UNDERLYING [] ING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJUS	Y OCCURRE	O. (Enter nature of	injury in Part i	or Part II of I	tem 18.)	
Hour a.n		While - Not While -	factory, s	OF INJURY (Home, fa treet, office bldg., e	te.) 20f. (City	or town)	(County)	(State)
		at work at work	-	0 /200		120	** **	. 40 4 -5 4 -
21. I certif	y that (I) (this hospital) ceased alive on	attended the deceased fi		ath occurred at_	9_66, to 10 M, from			at (I) (we) last e stated above.
22a. SIGNATUI	RE	Plocy	2	ATTENDING	MED. —	13	22b. DATE SIG	NED
22c. PHYSICIA NAME (T)		. Dick		22d. ADDRESS Chester	rtown, Ma	aryland		
23a. BURIAL CREM REMOVAL (Spo Buria)	ecify) 10/22/4			m.	Lanc	aster,	Pa.	(State)
24. FUNERAL DIRE		ADDRESS Chesterto	wn, N		OCT 21	1966 REG	Charles Charles	Judge

1827 to to andpolis and to the state of off of the profession of the contract of the c n all a man STA-1-571 (conft A Access Chatter ) Monding gale is E pleasing as burn to day Charme ungeralente 45564 10-18-66 Set I .. . in the second